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				MINNEAPOLIS	, MN 55403-2420		r
			Ţ	Kalklen,	Boelle/	(Signature)	
			ي	une 25, 2010		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/729,742	12/05/2003	<u> </u>	Stephen Griffin		1001.1727101	1334	
TITLE OF INVENTION	: GUIDE CATHETER \	WITH REMOVABLE SU	JPPORT				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/25/2010	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
HOEKSTRA, JEFFREY GERBEN 3736		3736	600-585000				
CFR 1.363).  Change of correspy Address form PTO/SB Thee Address indi PTO/SB/47; Rev 03-0: Number is required.  ASSIGNEE NAME AI PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIC Boston Scie	ess an assignee is identi in 37 CFR 3.11. Comp ENEE ntific Scimed,	nge of Correspondence  Indication form ed. Use of a Customer  TO BE PRINTED ON Tiffed below, no assignee eletion of this form is NOT	data will appear on the T a substitute for filing a (B) RESIDENCE: (CIT Maple Gr	to 3 registered pater tively, gle firm (having as a agent) and the nam corneys or agents. If e printed, ype) patent. If an assign a assignment. Y and STATE OR C	member a es of up to no name is 3		
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Authorized Signature					Sun 25, 2010		
Typed or printed name	J. Scot Wickl	em		Registration N	o. <u>41,376</u>		
nis form and/or suggestic lox 1450, Alexandria, Vi Alexandria, Virginia 2231	application form to the ms for reducing this bur rginia 22313-1450. DO 3-1450.	den, should be sent to the NOT SEND FEES OR (	e Chief Information Offic COMPLETED FORMS	er, U.S. Patent and of THIS ADDRESS	ne public which is to file (and ninutes to complete, includin imments on the amount of tin Irademark Office, U.S. Depa SEND TO: Commissioner for tisplays a valid OMB control	ne you require to complete intiment of Commerce, P.O. for Patents, P.O. Box 1450,	